FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
i Ortivi i	(See instructions)	Office use only	
NAME OF COMMITTEE (in	(Check if name Example: If typying, to is changed) ever the lines	12FE4M5	
Wells Fargo a	nd Company Employee PAC (aka Wells Fargo Employ	/ee PAC)	
ADDRESS (number and	Sixth and Marquette	<u> </u>	
(Check if address is changed)	MAC N9305-084		1 1
	Minneapolis	MN 55479	
	CITY▲	STATE▲ ZIP CODE ▲	.
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	WF.EMPLOYEEPAC@wellsfargo.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 3			
3. FEC IDENTIFICA	TION NUMBER C C00034595		
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED) (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge and belief it is true, o	correct and complete	
	Treasurer Mrs. Anita B. Eoloff		
Type or Print Name of	Treasurer		
Signature of Treasurer	Electronically Filed by Mrs. Anita B. Eoloff	Date 03 / 26 / Y	2 0 0 9
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPO	•	
Ottica			
Office Use Only	For further info Federal Election Toll Free 800-42		